ISSUE CLIP STAPLE AREA (for additional cross references) **POSITION** INITIALS ID NO. DATE FEE DETERMINATION O.I.P.E. CLASSIFIER **FORMALITY REVIEW INDEX OF CLAIMS** Rejected N Non-elected Allowed Interference (Through numeral) Canceled Appeal Restricted Objected Claim Date Date Original Final

Claim					Date				
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If more than 150 claims or 10 actions staple additional sheet here

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